



19 December 2014

Ms Tanya Vogt
Executive Officer
Nursing and Midwifery Board Australia
Australian Health Practitioner Regulation Agency

Via email: mbafeedback@ahpra.gov.au

Dear Ms Vogt

Endorsement as a Nurse Practitioner Registration Standard and supporting documentation

Thank you for the opportunity given to the Australian Nursing and Midwifery Federation (ANMF) to provide feedback on the consultation paper: *Endorsement as a nurse practitioner registration standard and supporting documentation*.

As the largest professional and industrial organisation for nurses and midwives in Australia, the ANMF represents a significant number of endorsed nurse practitioners as well as those registered nurses seeking to be endorsed. We therefore have a keen interest in the review and revision of the registration standard and supporting documentation for nurse practitioners in order to ensure the requirements for the next five years provide for a clear, consistent, fair and equitable endorsement process leading to safe and competent practice by nurse practitioners.

We offer the following comments for consideration in response to the consultation paper: *Endorsement as a nurse practitioner registration standard and supporting documentation*.

General comments

The ANMF is concerned about issues of clarity and consistency in the draft registration standard and supporting documents. Definitions used in these documents are not consistent with the NMBA *Nurse practitioner standards for practice*, specifically the definition of nurse practitioner and the definitions of advanced nursing practice and advanced practice nursing. There are two different definitions of nurse practitioner used. The one used in the draft registration standard is consistent with the *Nurse practitioner standards for practice*. The one used in the *Guideline for nurses applying for endorsement as a nurse practitioner* and referred to in the *Safety and quality guideline for nurse practitioners* is the 2006 Australian Nursing and Midwifery Council (ANMC) definition. The orientating statements in the *Nurse practitioner standards for practice* should be used to replace the ANMC definition.

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The definition of advanced practice nursing used in the draft registration standard and supporting documents is the same as the one used for advanced nursing practice in the *Nurse practitioner standards for practice*. To meet the registration standard, it is required that the nurse must be able to demonstrate compliance with the Board-approved *Nurse practitioner standards for practice*. The inconsistent definitions between these documents is not only confusing but makes compliance with both impossible. Registered nurses should be able to demonstrate that they have completed sufficient advanced nursing practice (3 years or 5,000 hours full-time experience within the last 6 years) which is a level not a role, in order to apply for endorsement as a nurse practitioner, a protected title and an advanced practice nursing role which identifies the additional legislative functions that are outside the registered nurse scope of practice. For clarity, the definitions of advanced nursing practice and advanced practice nursing must be used consistently across all NMBA documents. It is the view of the ANMF that the Nurse Practitioner Registration Standard and supporting documentation be reviewed using consistent definitions.

The title of the *Guidelines for nurses applying for endorsement as a nurse practitioner* is misleading as the draft registration standard and the content of the guidelines themselves state that endorsed nurse practitioners must comply with these guidelines. The suite of draft nurse practitioner documents shift from the requirements for nurses applying for endorsement, to ongoing eligibility requirements for endorsed nurse practitioners. This is very confusing for the reader. The title of these guidelines should either be amended to reflect that they apply to both those nurses applying for endorsement and those already endorsed, or their application limited only to those applying for endorsement.

Clarity could be achieved if the documents were divided in the following way:

Document	Registration Standard	Safety and quality guideline	Guidelines for nurses applying for endorsement as a nurse practitioner
Applicable to	Applicants and endorsed nurse practitioners	Endorsed nurse practitioners	Applicants only
Content	Should clearly state and separate the requirements to be endorsed from the ongoing eligibility for endorsement requirements	Registered nurse requirements Nurse practitioner requirements: <ul style="list-style-type: none"> • Standards for practice • Registration standard for CPD 	Pathway one and two and process requirements

Endorsement as a nurse practitioner registration standard

Clarification is required under the sections '*what must I do*' and '*ongoing eligibility*'. The proposed standard could be misinterpreted to give the impression there is ongoing eligibility requirements to work 3 years full time or 5000 hours within the past 6 years. We understand this is not the intention of the standard. However, if this were the case, the ANMF would not support this requirement, as it is inconsistent with the recency of practice registration standard and would add a further unreasonable regulatory burden to nurse practitioners.

This clarification could be achieved by adding the word 'initially' to the first line under the section 'What must I do'. The first line should read: To be initially endorsed as a nurse practitioner.... Further wording should also be added to the section 'what does this mean for me' under 'at renewal of registration', the sentence should read: *when you apply to renew your registration, you are required to declare that you comply with the ongoing eligibility requirements of this registration standard.* These additions will assist in separating the requirements for initial endorsement to those for ongoing eligibility.

As stated above, there is confusion in the NMBA documents for nurse practitioners relating to the issues of advanced practice nursing and advanced nursing practice. Specifically, the proposed documents and the current fact sheet on advanced practice nursing have the same definition for advanced practice nursing, however, the NMBA *Nurse practitioner standards for practice* define advanced practice nursing differently and also define advanced nursing practice. This discrepancy needs to be addressed, as these terms are essential to understanding the regulatory requirements. Consistent definitions across all documents is of paramount importance to nurses applying for endorsement, nurse practitioners and the wider nursing profession.

Point (b) under 'What must I do' states '*the equivalence of three (3) years' (5000 hours) full-time experience in the advanced practice nursing role,...*'. The use of the term role implies that the nurse needs to be employed in a dedicated advanced practice nursing role. This is restrictive and must be deleted, enabling nurses working at an advanced practice nursing level who are not employed in a dedicated role to meet the eligibility criteria. This change should be made throughout the documents.

Under *Ongoing Eligibility*, point (b) refers to guidelines for nurses applying for endorsement as a nurse practitioner. Either the title of this guideline should be amended to include already endorsed nurse practitioners or reference to the guideline in this section should be deleted as it is a requirement for initial endorsement only.

In the safety and quality guideline section, Medicare and Pharmaceutical benefits should be written using the full titles of the Medicare Benefits Schedule (MBS) and Pharmaceutical Benefits Scheme (PBS) for consistency with the *Safety and quality guideline for nurse practitioners*.

Safety and quality guideline for nurse practitioners

Although the ANMF do not necessarily disagree with the concept of a safety and quality guideline for nurse practitioners, the document appears to be a summary document of the regulatory requirements already in place in the NMBA Professional Practice Framework for all registered nurses. The *Safety and quality guideline for nurse practitioners* should state that the Professional Practice Framework applies to nurse practitioners as registered nurses rather than repeating these requirements.

In the paragraph titled '*About this safety and quality guideline*', the Professional Practice Framework refers to scope of practice. Further information needs to be added to this point and reference to the *National Framework for the Development of Decision-Making tools for nursing and midwifery practice* needs to be added. In addition to professional indemnity insurance, NMBA registration standards for recency of practice, continuing professional development, English language skills and criminal history should be added under the Professional Practice Framework for registered nurses. Reference to scope of practice and the decision making framework should also be added to the Professional Practice Framework for nurse practitioners.

Under the Scope of Practice section, the document refers to the requirements for a nurse practitioner wanting to change their scope of practice. As the Board have specific requirements for nurse practitioners in Victoria in relation to the notations required under the Drugs and Poisons legislation, these should be articulated in the safety and quality guidelines. This section also refers to the requirement of further education being undertaken at a Masters level, this needs to be amended to postgraduate diploma level (AQF8). Many programs that are suitable for nurse practitioners seeking to change their scope of practice are delivered at a postgraduate diploma level and not at a Masters level.

In the third paragraph under scope of practice, the document outlines: *'it is therefore incumbent on any employer to ensure that, should a nurse practitioner be required to expand or change his or her scope of practice to meet the needs of a client group that....'* Nurse practitioners in independent practice need to be included in this statement. The following wording should be added *'it is therefore incumbent on the nurse practitioner and, where employed, any employer to ensure.....'*

It is questionable why the safety and quality guideline refers to advanced practice nursing. This framework, as outlined in the draft document, is for nurse practitioners, not for registered nurses who are not nurse practitioners and undertaking advanced practice nursing. Although the relationship between a nurse practitioner and advanced practice nursing is important for application requirements, this content needs to be moved to the registration standard and/or the *Guideline for nurses applying for endorsement as a nurse practitioner*.

In the sentence starting *'in the case of nurse practitioners, the National Board gives clear....'*, applying needs to be added into this sentence. It would be clearer if the sentence read, *in applying for nurse practitioner endorsement, the National Board....'*

Guideline for nurses applying for endorsement as a nurse practitioners

A number of the issues in relation to these guidelines have been addressed in the comments above. These include: the misleading title of the guidelines; the dated definition of nurse practitioner; the requirement for experience in an advanced nursing practice role rather than advanced nursing practice; and the inconsistent definitions of advanced nursing practice and nurse practitioner.

In addition, in the Introduction and the Evidence Model table, reference is made to the suite of Board documents which together form the safety and quality guideline. These documents together form the Professional Practice Framework, not the safety and quality guideline.

In the Evidence Model table, the evidence for the Curriculum Vitae requirements should state that *'evidence of professional indemnity insurance certificate (on official letterhead) or letter (on official letterhead) noting PII cover'* is required. Reference to this being provided by the employer should be removed. Many nurse practitioner's are self-employed and, where they are employed, nurses are covered vicariously under their employer's public liability insurance not professional indemnity insurance. Also, in the Evidence Model table, under compliance with the *Nurse practitioner standards for practice*, reference is made to 'competency' standards. These are no longer competency standards but rather standards for practice, although still listed under competency standards on the Board's website.

Board's statement of assessment against AHPRA's Procedures for development of registration standards and COAG principles for best practice regulation

It is unclear how the revised standards and supporting documents are providing more options for applicants and reducing costs. The ANMF is concerned that the confusion with definitions in the documents will make it even more difficult to gain endorsement as a nurse practitioner which could, in fact, result in an unnecessary restriction of competition among health practitioners. Although written in plain English, the inconsistencies in the documents make it difficult to understand the regulatory requirements.

Additional comments

The ANMF wish to re-state two concerns highlighted in the preliminary consultation. Firstly, AHPRA Offices in some jurisdictions make the process for endorsement much harder to achieve than it is in others. There clearly needs to be stricter adherence to the Registration Standard, for national consistency. State and Territory differences should only apply to the jurisdictional legislation, including the Drugs and Poisons Acts.

Secondly, whilst we acknowledge the following point is not within the Board's purview, we take this opportunity to raise a related issue identified by our members. Nurse practitioners report that public institutions in some States and Territories are seeking to 'accredit' or 'credential' public sector employed nurse practitioners to work across their health service. Enclosed is the ANMF Position Statement on Credentialing for nurses and midwives. Nurse practitioner endorsement through AHPRA should be the only requirement for practice. Health services should not be adding another layer to the Board's rigorous process of endorsement to allow nurse practitioners to practice. This highlights the need for a concurrent communication strategy with the release of the revised endorsement as a nurse practitioner registration standard and supporting documentation.

The ANMF appreciates the opportunity to provide a submission on the consultation paper: *Endorsement as a nurse practitioner registration standard and supporting documentation*.

Please do not hesitate to contact Julianne Bryce, Senior Federal Professional Officer, ANMF Federal Office, Melbourne on 03 96028500 or julianne@anmf.org.au should you wish to discuss this submission.

Yours sincerely



Lee Thomas
Federal Secretary

Encl.